



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

JOINT PUBLIC POLICY (JPP) COMMITTEE MEETING MINUTES

June 4, 2008

Approved
07-02-08

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/ CONSULTANTS
Whitney Engeran, <i>Co-Chair</i>	Ruben Acosta	Joanne Granai	Elizabeth Escobedo	Carolyn Echols-Watson
Lee Kochems, <i>Co-Chair</i>	Carrie Broadus	Miki Jackson	Sophia Rumanes	Jane Nachazel
Kyle Baker	Dean Page	Manuel Negrete	William Strain	Craig Vincent-Jones
Jeffrey Goodman	Chris Villa	Caitlin Rose		
Ruel Nollado		Lambert Talley		
James Skinner				
Ron Snyder				
Kathy Watt				

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- 1) **Agenda:** JPP Committee Agenda, 6/4/2008
- 2) **Minutes:** JPP Committee Minutes, 3/5/2008
- 3) **Minutes:** JPP Committee Minutes, 4/2/2008
- 4) **Memorandum:** Policy Issues for the Commission (Health Insurance Coverage), 11/06/2007
- 5) **AB 2899 (Sexually Transmitted Diseases):** *as amended* 5/6/2008
- 6) **Ryan White Reauthorization Principles:** 3/10/2008
- 7) **Matrix:** HIV/Corrections Issues, 5/29/2008
- 8) **Matrix:** State Public Policy Issues Docket, 6/2/2008

1. **CALL TO ORDER:** Mr. Engeran called the meeting to order at 2:10 pm.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the March 5, 2008 JPP Committee meeting minutes (*Passed by Consensus*).
MOTION #3: Approve the April 2, 2008 JPP Committee meeting minutes (*Passed by Consensus*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.
6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.
7. **CO-CHAIRS' REPORT:** There was no report.
8. **PREVENTION ISSUES:**
 - A. **Two-Track Testing Model:**
 - Ms. Rumanes, Chief of Prevention Services at Office of AIDS Programs and Policy (OAPP) spoke on the Two-Tier Testing Model pilot program administered by the State. The majority of counties that participated in the State pilot had clients who were considered low-risk while the majority of the San Francisco and Los Angeles participants were

considered high-risk. Each client completed a 12-question self-assessment. Those identified as low-risk were provided less intensive counseling and received HIV testing. If considered at an elevated risk level, traditional counseling high-level intervention services were provided with testing. Any client with positive test results, whether low- or high-risk would receive more intense counseling. The State implemented the Two Tier Model statewide January 1, 2008. OAPP will initiate this "Two-Tier Testing Model" beginning with its January 1, 2009 contracts. Training will be provided for all contract service providers. All current contracts end on December 31, 2008.

- Los Angeles County OAPP is also pursuing testing models independent of the State, which would include routine testing in clinics, social network testing, testing in conjunction with STD partners, and the HIV counseling/testing model.
- The State will pilot another program to provide no counseling, whether low- or high-risk. This pilot will be in conjunction with University of San Diego. As part of the pilot, focus groups were held in San Francisco and Los Angeles to gather information on the need for counseling as part of the HIV testing services. The San Francisco County results indicated that counseling was wanted, and respondents were concerned that services might be removed if counseling was dropped. San Francisco decided to provide counseling through State funds. The County then dropped out of the pilot. Los Angeles County results, on the other hand, were mixed. Therefore the County plans to move forward with the State's "no counseling, just testing" pilot. Currently, this pilot is planned for implementation in either July or August of 2008. Orange County may join the pilot.
- The State increased reimbursement rates for linkage to care and partner services. This change was based on cost estimates done by Los Angeles County. Los Angeles County has supplemented reimbursement rates in the past. However, reimbursement is still based on the services rendered, and low-risk services receive a lower reimbursement rate. The State supplemented rates based on cost estimates for its higher risk testing population.
- Mr. Engeran felt the state improperly designated all gay men high-risk. Ms. Rumanes said some were concerned women were not being tested, but they accounted for 30% of tests. Mr. Vincent-Jones noted that other Commissioners had expressed concern that high-risk tests were incentivized while women were listed as low-risk and providers did not have an incentive to test them. Ms. Rumanes responded that, last year, not all contract funds had been maximized and OAPP had been urging increased testing. Tests were also performed at other venues such as hospitals.
- OAPP contract monitoring has not indicated that there are agencies refusing to test certain clients due to their risk level—however, if there are, OAPP needs to hear about it. OAPP's Warm Line, which is used for comments on services provided by OAPP vendors, can be used to address both prevention and care issues. Ms. Watt said her contract listed a mix of risk levels, but reimbursement rates did affect providers' bottom lines. Mr. Engeran noted contract emphasis with 85% high risk tests and an expected 2% HIV seropositivity rate. Ms. Rumanes said OAPP has a dual focus of identifying the estimated 14,000 to 15,000 undiagnosed HIV-positives and educating HIV-negative clients about risks.

B. **PPC Process:** Mr. Kochems reported the PPC has been revising its policies and procedures, including those related to JPP. The proposed policy revisions would be submitted to the PPC that week. There was also work to improve Commission-PPC communications.

9. STATE AGENDA:

A. CARE/HIPP Benefits Issues:

- Mr. Goodman said providing help with insurance costs was cost-effective, but policy required total disability despite a 2006 OA study that recommended expanding it. He felt current policy was especially inappropriate for PLWH/A. His own insurance could be converted from COBRA when it ended in five months to private insurance, but cost would increase from \$550 to about \$1,100/month. Cal-COBRA extended COBRA to 36 months but exempted self-insured plans. Mr. Goodman said that, without help, he would become uninsured and have to shift all care to Ryan White. He recommended pressure to expand CARE/HIPP and Cal-COBRA coverage. Some EMAs also use Part A or NCC funds to supplement insurance. It could also be cost-effective to look at co-pays based on percentage of incomes for long-term survivors able to pay for some, but not all, their care.
- ➡ The Committee will review documentation on benefits issues and send a letter to the state requesting information on them. While some issues could be addressed administratively, those issues requiring legislative remedies would be added to the Medi-Cal share-of-cost formula to be addressed next year, as well as to the Legislative Conference agenda.

B. Condoms in the Adult Film Industry:

- Mr. Vincent-Jones indicated that the County already included support for legislation that requires the use of condoms in adult films in its legislative agenda.
- Committee members suggested a hearing to explore concerns, compile information and build broad support for the issue. Mr. Vincent-Jones felt a logical next step was for the County is to co-sponsor a bill. In the past, education and support has been gained for co-sponsorship by engaging the community in a public hearing. Ms. Watt felt it was important to address the broadest audience.

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- Mr. Strain suggested it might be useful to reprise earlier direct County meetings with porn producers. Mr. Nollo do thought surveys might be helpful as some people would not be likely to attend.
- ➡ A workgroup would be formed to plan the hearing and related activities, including Mr. Engeran, Mr. Goodman, Ms. Granai, Mr. Kochems, Mr. Nollo do and Ms. Watt.

C. AB 2899:

- The JPP Committee supported AB 2899 prior to its revision. Mr. Engeran indicated that AHF was sponsoring the bill. Mr. Kochems reported his intention to recommend that the PPC refer the bill to committee for discussion. It was anticipated that it would be considered by the Senate Health Committee on June 18th.
- The definition of “counseling” was a primary Health Committee concern because a number of people interpreted “counseling” and mental health intervention, although that did not reflect current service delivery. Revisions addressed that concern by distinguishing traditional “counseling” from “education”. The 20-minute encounter with an HIV test counselor and the more intensive risk reduction counseling services are also distinguished more. Data collection language was broadened to anticipate possible OA changes.
- Ms. Watt felt it was inaccurate to say that “publicly funded HIV test sites are not equipped to provide mental health counseling or risk reduction therapy.” Mr. Engeran said the Health Committee repeatedly asked about recurrent testing by high-risk clients. Revisions highlighted the difference between types of counseling. Mr. Strain suggested language acknowledging that pre- and post-test counselors were equipped to provide “risk reduction services.” He felt legislators lacked education about what “counseling” means in a testing environment, definitions of “education” and “counseling,” and vignettes to illustrate “need.”
- Mr. Engeran agreed that more legislator education would be valuable. He added, however, that there had been criticism of the bill as too restrictive and adding definitions could eventually restrict services. Ms. Rumanes noted “risk reduction counseling” was a defined intervention term, but had not been defined in the bill even though “HIV counselor” had been. She also noted that “post-test services” varied depending on the type of test.
- Ms. Rumanes said the PPC Standards and Best Practices Subcommittee had opposed the bill at its April 17th meeting because it would legislate a review of HC/T counseling and testing guidelines and could restrict other models. Mr. Engeran felt it opened the model by including opt-out provisions. Mr. Strain and Ms. Watt said services could be reduced by under-appreciating testers to the point of pricing providers out of HC/T.
- ➡ It was agreed to return the bill to the JPP for consideration at the July meeting.

MOTION #4 (Nollo do/Watt): Retract support of AB 2899 if amended, and return it to the July JPP Committee for additional consideration (**Failed: Ayes:** Baker, Nollo do, Snyder, Watt; **Opposed:** Goodman, Skinner, Engeran, Kochems; **Abstentions:** none).

10. RYAN WHITE PROGRAM:

- A. **Nassau/Suffolk County Court Case:** There was no report.
- B. **Ryan White Reauthorization Principles:** Copies were ready for distribution and more would be printed, if need. It was agendized for the June 5th PPC meeting. Mr. Baker added that OAPP would distribute it to federal partners and advocates as well as AIDS Action Council—which was developing a similar document. A few revisions had been made for grammar or practical reasons before the final version was printed and release, for example, it was renamed “Reauthorization” because, technically, it might not occur in 2010. The six topical groups would begin meeting again shortly.

11. LEGISLATIVE CONFERENCE: Mr. Vincent-Jones reported that the next meeting would be the annual “legislative conference” to agendize JPP priorities for the upcoming year, and to help prepare the County’s legislative agendas—a process that begins in August

- ➡ Extend the July 2nd meeting from 1:00 to 5:00 pm.

12. HIV SURVEILLANCE: The item was postponed.

13. INMATE HIV ISSUES/CORRECTIONS: The item was postponed.

14. FEDERAL AGENDA: The item was postponed.

15. STATE BUDGET: The item was postponed.

16. FEDERAL BUDGET: The item was postponed.

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17. **COMMITTEE WORK PLAN UPDATE:** The item was postponed.
18. **LOCAL AGENDA:** The item was postponed.
19. **COMMITTEE POLICIES AND PROCEDURES:** The item was postponed.
20. **SUBCOMMITTEE/WORKGROUP REPORTS:** The item was postponed.
21. **NEXT STEPS:** The item was postponed.
22. **ANNOUNCEMENTS:** Ms. Granai reported SPA #1 would hold a Provider Information Day for HIV-specific agencies on July 11th. Eleven new providers were now attending the SPN meeting. Collaboration, especially in light of the new medical care coordination system, would be emphasized to encourage participation among these providers. She requested speakers.
23. **ADJOURNMENT:** The meeting was adjourned at 5:10 pm.